UNITED STATES DISTRICT COURT FOR THE EASTERN DISTRICT OF NORTH CAROLINA, WESTERN DIVISION

Chasity Nicole Johnson v. Frank Bisignano, Commissioner of Social Security Administration

Johnson v. Bisignano · No. No. 5:25-CV-6-KS · Decided February 25, 2026

SUMMARY

The United States District Court for the Eastern District of North Carolina affirmed the Social Security Commissioner’s denial of Chasity Nicole Johnson’s applications for disability insurance benefits and supplemental security income. The court held that the administrative law judge adequately supported the residual functional capacity assessment, symptom evaluation, and treatment of medical opinions concerning work absences.

CASE DETAILS

COURT	United States District Court for the Eastern District of North Carolina, Western Division
WRITING FOR THE COURT	Kimberly A. Swank
JURISDICTION	United States District Court for the Eastern District of North Carolina, Western Division
DECIDED	February 25, 2026
DOCKET	No. 5:25-CV-6-KS
DISPOSITION	affirmed
PROCEDURAL POSTURE	Plaintiff sought judicial review under 42 U.S.C. § 405(g) of the Commissioner's final decision denying her applications for disability insurance benefits and supplemental security income.
STANDARD OF REVIEW	The court reviewed whether substantial evidence supported the Commissioner's factual findings and whether the decision was reached through application of the correct legal standards. The court could not reweigh conflicting evidence, make credibility determinations, or substitute its judgment for the Commissioner's.
PRECEDENTIAL VALUE	unknown
PARTIES	Chasity Nicole Johnson v. Frank Bisignano, Commissioner of Social Security Administration

TOPICS

judicial review of agency action | administrative law | agency adjudication | disability definition

PRACTICE AREAS

Social Security disability | administrative law | judicial review of agency action

QUESTIONS PRESENTED

1. Whether the ALJ's use of global citations to the record prevented meaningful judicial review.
2. Whether the ALJ properly evaluated Plaintiff's symptoms under SSR 16-3p and applicable regulations.
3. Whether the ALJ was required to include additional work-absence limitations in the residual functional capacity based on opinions from Plaintiff's treating providers.
4. Whether substantial evidence supported the Commissioner's denial of DIB and SSI.

HOLDINGS

1. The ALJ's failure to cite specific page numbers within record exhibits did not prevent meaningful judicial review because the decision explained how the evidence supported its conclusions and constructed an accurate and logical bridge from the evidence to the conclusions.
2. The ALJ properly evaluated Plaintiff's symptoms under the two-step framework and SSR 16-3p by considering medical and other evidence, including Plaintiff's statements and activities, and explaining why the symptoms were not disabling.
3. The ALJ was not required to adopt treating providers' opinions that Plaintiff would be absent from work several days each month because the ALJ properly evaluated those opinions under the applicable regulations and adequately explained why they were not persuasive.

KEY QUOTATIONS

> *"Substantial evidence is "such relevant evidence as a reasonable mind might accept as adequate to support a conclusion; [i]t consists of more than a mere scintilla of evidence but may be somewhat less than a preponderance.""* (Discussion, I)

> *"An ALJ does not need to address every piece of evidence but merely must "construct an accurate and logical bridge from the evidence to [her] conclusions," which the ALJ has done here."* (Discussion, IV.A)

FACTUAL BACKGROUND

Plaintiff applied for DIB and SSI based primarily on mental impairments, including bipolar I disorder, depression, anxiety, ADHD, borderline personality disorder, and PTSD. The ALJ found that Plaintiff had severe impairments but retained the residual functional capacity for work at all exertional levels with limitations to simple, routine, repetitive tasks, limited decision-making, limited interaction with supervisors and coworkers, and no public interaction. The ALJ found that Plaintiff could not perform past relevant work but could perform jobs existing in significant numbers in the national economy. The district court concluded that the ALJ adequately explained the RFC, symptom evaluation, and treatment of medical opinions concerning absenteeism.

PROCEDURAL HISTORY

Plaintiff applied for DIB and SSI, and the applications were denied initially and on reconsideration. After a 2021 hearing and unfavorable ALJ decision, the Appeals Council remanded the matter to the ALJ. Following a second hearing, the ALJ again denied benefits on February 22, 2024, and the Appeals Council denied review on October 28, 2024, making the ALJ's decision final. Plaintiff filed this action on January 2, 2025, and the parties consented to proceed before a magistrate judge under 28 U.S.C. § 636(c). The court affirmed the Commissioner's decision.

DISPOSITION

affirmed

CASES CITED

- 829 F.2d 514, 517 (4th Cir. 1987)
- 76 F.3d 585, 589 (4th Cir. 1996)
- 402 U.S. 389, 401 (1971)
- 368 F.2d 640, 642 (4th Cir. 1966)
- 270 F.3d 171, 176 (4th Cir. 2001)
- 131 F.3d 438, 439-40 (4th Cir. 1997)
- 174 F.3d 473, 475 n.2 (4th Cir. 1999)
- 65 F.3d 1200, 1203 (4th Cir. 1995)
- 658 F.2d 260, 264 (4th Cir. 1981)
- 780 F.3d 632, 634, 637 (4th Cir. 2015)
- 826 F.3d 176, 189 (4th Cir. 2016)
- 734 F.3d 288, 295 (4th Cir. 2013)
- 227 F.3d 863, 872 (7th Cir. 2000)
- 846 F.3d 656, 663 (4th Cir. 2017)
- 983 F.3d 83, 95-96 (4th Cir. 2020)
- 453 F.3d 559, 563-65 (4th Cir. 2006)
- 816 F. App'x 828, 834 (4th Cir. 2020)
- 785 F.2d 1163, 1166 (4th Cir. 1986)
- 70 F.4th 207, 212 (4th Cir. 2023)